

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION/RESIDENTIAL CARE CENTER
TREATMENT SERVICES ATTACHMENT (PA/RCCA)**

for initial admission and unplanned readmission within 90 days of discharge from RCC

Instructions: Type or print clearly. Before completing this form, read the PA/RCCA Completion Instructions (HCF 11076C).

SECTION I – RECIPIENT INFORMATION

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|---|------------------|---|
| 1. Name – Recipient (Last, First, Middle Initial) | 2. Date of Birth | 3. Recipient Medicaid Identification Number |
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SECTION II – PROVIDER INFORMATION

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|---|---------------------------------|
| 4. Name – Residential Care Center (RCC) | 5. RCC Medicaid Provider Number |
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SECTION III – CLINICAL INFORMATION

6. By my signature, I hereby attest that the following are true:
- ✓ The recipient named above has been admitted to the RCC named above on the date given in Element 14 of the PA/RF.
 - ✓ The recipient has received a HealthCheck screen performed and signed by a valid HealthCheck screener and dated not more than one year prior to the date of admission to the RCC.
 - ✓ The recipient has received a screening for admission that documents the admission is medically necessary and appropriate, in accordance with HFS 52.21(2) and HFS 101.03 (96m).
 - ✓ The RCC has developed with the recipient an initial treatment plan that addresses the recipient's presenting problems.
 - ✓ Within 30 days of admission, the RCC staff shall perform an in-depth assessment of the recipient, which will be reviewed timely and signed by a physician or other licensed mental health professional, according to HFS 52.22(1).
 - ✓ Within 30 days of admission, and at least every 3 months thereafter, the RCC staff shall develop and implement a treatment plan, which will be reviewed timely and signed by a physician or other licensed mental health professional, according to HFS 52.22(2) and(3).
 - ✓ The RCC shall record in the resident's treatment record all services provided, according to HFS 52.49 and HFS 106.02 (9).

SECTION IV – SIGNATURE

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| 7. SIGNATURE – Residential Care Center Clinical Supervisor | 8. Date Signed |
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